

Table of Contents (continued)**141 The morphology of diaphragmatic defects in hepatic hydrothorax: Thoracoscopic finding***Pei-Ming Huang, MD, Yih-Leong Chang, MD, Ching-Yao Yang, MD, and Yung-Chie Lee, MD, PhD, Taipei, Taiwan*

The real mechanism for hepatic hydrothorax is unclear, although many mechanisms have been reported. However, the diaphragmatic defects stemming from hepatic hydrothorax were classified into 4 morphologic types on the basis of gross videothoracoscopic findings. Further studies about the treatment of hepatic hydrothorax might be based on these mechanisms.

146 Treatment of airway obstruction by metallic stents in infants and children*Itzhak Vinograd, MD, Sergei Keidar, Mare Weinberg, and Aviel Silbiger, Tel-Aviv, Israel*

Use of metallic stents, especially in the trachea, is associated with complications. Granulation tissue, which often develops after stenting, is a major concern. Stent removal is arduous, with a high risk of complications. Use of stents should be restricted to limited situations in which conventional initial therapy has failed.

151 The maximum standardized uptake values on positron emission tomography of a non-small cell lung cancer predict stage, recurrence, and survival*Robert James Cerfolio, MD, FACS, FCCP, Ayesha S. Bryant, MSPH, Buddhiwardhan Ohja, MD, MPH, and Alfred A. Bartolucci, PhD, Birmingham, Ala*

A total of 315 patients with NSCLC were studied. The maximum standard uptake value of an NSCLC nodule on dedicated positron emission tomography is an independent predictor of stage and tumor characteristics. It is a more powerful independent predictor than TNM stage for recurrence and survival of patients with early-stage resected cancer.

160 Visceral pleural invasion is an invasive and aggressive indicator of non-small cell lung cancer*Kimihiro Shimizu, MD, Junji Yoshida, MD, Kanji Nagai, MD, Mitsuyo Nishimura, MD, Genichiro Ishii, MD, Yasuo Morishita, MD, and Yutaka Nishiwaki, MD, Chiba and Gunma, Japan*

We evaluated VPI in relation to other clinicopathologic factors in patients with NSCLC. VPI is a significant poor-prognostic factor regardless of N status. VPI is an independent indicator of NSCLC invasiveness and aggressiveness.

166 Large cell neuroendocrine carcinoma: An aggressive form of non-small cell lung cancer*Richard J. Battaifarano, MD, PhD, Felix G. Fernandez, MD, John Ritter, MD, Bryan F. Meyers, MD, Tracey J. Guthrie, RN, Joel D. Cooper, MD, and G. Alexander Patterson, MD, St Louis, Mo*

Patients with large cell neuroendocrine carcinomas (LCNECs) have a significantly worse survival after resection than patients with large cell carcinomas (LCCs), even in stage I disease. Accurate differentiation of LCNEC from LCC is important because it identifies those patients at highest risk for the development of recurrent lung cancer.

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